

Corrected COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 101583515	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT			AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					51							
2	/					52							
3	/					53							
4	/					54							
5	/					55							
6	/					56							
7	/					57							
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37						87							
38						88							
39						89							
40						90							
41						91							
42						92							
43						93							
44						94							
45						95							
46						96							
47						97							
48						98							
49						99							
50						100							
TOTAL IND.	2	↓		↓	↓	TOTAL IND.		↓		↓	↓		
TOTAL DEP.	6	←	←	←		TOTAL DEP.		←	←	←			
TOTAL CLAIMS	8					TOTAL CLAIMS							